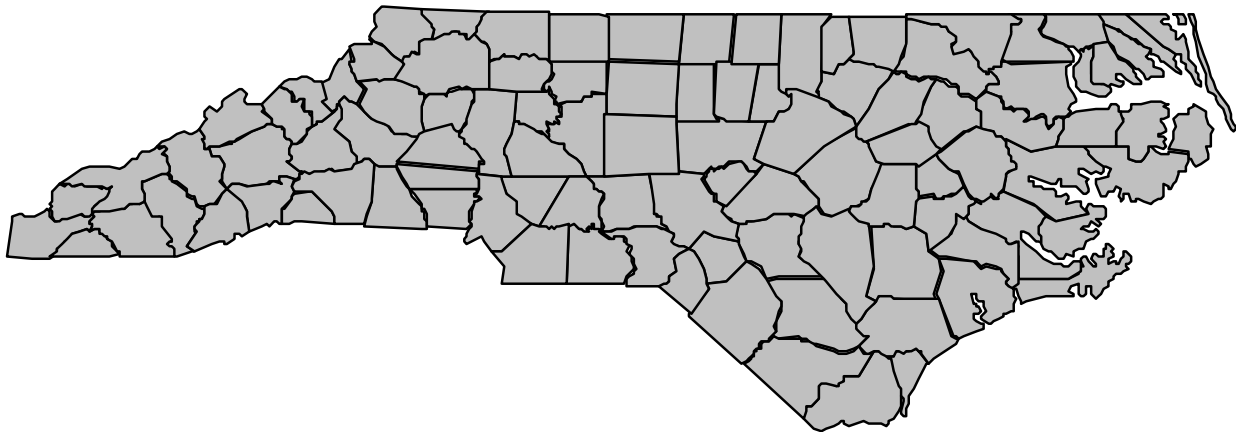


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2006 - 2007 Performance Contract
With Local Management Entities**

**Third Quarter Report
January 1, 2007 - March 31, 2007
(Revised 8-15-07)**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

August 2007



2006 - 2007 Performance Contract

Third Quarter Report

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Introduction

This is the **Third Quarter Report** for SFY 2006-2007 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

It should be noted that beginning with the second quarter, all LMEs (except Piedmont Behavioral Healthcare) are subject to the SFY 2004-2007 Performance Contract. Piedmont is operating under a Medicaid Waiver and has a separate performance contract with the Department.

The following changes have been made to the report this quarter:

- three CDW measures have been added (1.8.2.0 Screening Record, 1.8.2.2 ICD-9 Diagnosis, and 1.8.2.6 Episode Completion Record)
- one CDW measure has been expanded (1.8.2.3 Unknown Data)
- one measure has been discontinued (1.8.2.7 DD COI)
- the results for this measure were not included as the measure is being revised (1.2.4. Access Line)

The tables on the following pages list the report schedule, provide the performance requirements and standards, and show LME performance for the current state fiscal year under the SFY 2004-2007 Performance Contract.

Overall, LMEs met or exceeded about two-thirds (61.7%) of the 18 performance standards reported this quarter -- 51.7% of the three clinical SFY07 performance standards and 63.7% of the 15 administrative SFY07 performance standards. The report shows progress towards meeting the five system management performance standards; however, as these are annual measures, they will not be scored until the end of the fiscal year.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

2006 - 2007 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance				
1.1.1. Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral				
1.2.1. Access to Emergent Care	X	X	X	X
1.2.2. Access to Urgent Care	X	X	X	X
1.2.3. Access to Routine Care	X	X	X	X
1.2.4. Access Line	This measure is being revised			
1.3. Service Management				
1.3.1. Choice of Providers	This measure has been discontinued			
1.3.2. Discharge Planning With State Operated Services				X
1.3.3. After-care Planning With State Operated Services				X
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)				X
1.3.5. Transition To Community Services (Community Capacity Plan) - MH				X
1.3.5. Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5. Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support				
1.4.1. Proximity	This measure has been discontinued			
1.4.2. SB 163 Provider Monitoring	This measure is being revised			
1.5. Customer Services and Consumer Rights				
1.5.1. Consumer Rights: Proper Notice Of Appeal Rights				X
1.6. Quality Management and Outcomes Evaluation				
1.6.1. Quality Improvement Process				X
1.6.2. Incident Management				X
1.6.3. Incident Reporting	X	X	X	X
1.7. Business Management and Accounting				
1.7.1. Accounting and Claims Adjudication				X
1.8. Information Management, Analysis, and Reporting				
1.8.1. <u>System Monitoring:</u>				
1.8.1.1. Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2. Cost Finding Report	This measure has been discontinued			
1.8.1.3. Paybacks	This measure has been discontinued			
1.8.1.4. SAPTBG Compliance Report		X		X
1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6. Work First Initiative Quarterly Reports	X	X	X	X
1.8.2. <u>Consumer Information:</u>				
1.8.2.0. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
1.8.2.1. Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2. Client Data Warehouse (CDW) - Missing Data	This measure has been discontinued			
1.8.2.2. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
1.8.2.3. Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.6. Client Data Warehouse (CDW) - Episode Completion Record	X	X	X	X
1.8.2.7. DD Client Outcome Inventory (DD COI)	This measure has been discontinued			
1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11. National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14. Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

**2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007**

Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care
Alamance-Caswell-Rockingham	3	66.7%	★★	★★	
Albemarle	3	0.0%			
Catawba	3	66.7%	★★	★★	
CenterPoint	3	66.7%	★★	★	
Crossroads	3	66.7%	★★	★	
Cumberland	3	66.7%	★★	★	
Durham	3	66.7%	★★	★	
Eastpointe	3	33.3%	★★		
Edgecombe-Nash	3	33.3%	★★		
Five County	3	66.7%	★★	★★	
Foothills	3	66.7%	★★	★	
Guilford	3	66.7%	★★	★★	
Johnston	3	66.7%	★★	★★	
Mecklenburg	3	100.0%	★★	★	★
Neuse	3	33.3%	★★		
New River	3	33.3%	★★		
Onslow-Carteret	3	100.0%	★★	★	★
Orange-Person-Chatham	3	66.7%	★★	★	
Pathways	3	66.7%	★	★	
Pitt	3	33.3%	★★		
Roanoke-Chowan	3	33.3%	★★		
Sandhills Center	3	33.3%	★★		
Smoky Mountain	3	66.7%	★★	★	
Southeastern Center	3	33.3%	★★		
Southeastern Regional	3	33.3%	★★		
Tideland	3	0.0%			
Wake	3	66.7%	★★	★	
Western Highlands	3	33.3%	★★		
Wilson-Greene	3	33.3%	★★		

Met Best Practice Standard Q3: ★★	35.6%	26 89.7%	5 17.2%	0 0.0%
Met the SFY2007 Standard Q3: ★	16.1%	1 3.4%	11 37.9%	2 6.9%
Total	51.7%	27 93.1%	16 55.2%	2 6.9%

Statewide average (for the three measures that were applicable this quarter) that met the current SFY or best practice standard.

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter.

**2006 - 2007 Performance Contract
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Summary of LME System Management Performance

LME	Qtr	System Management Percent Met (★ or ★★)	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	3	N/A	<<	<<	<<	<<	★★
Albemarle	3	N/A	>>	>>	>>	<	★
Catawba	3	N/A	>>>	>>>	>>>	>	★
CenterPoint	3	N/A	>>>	>	<<	>>>	★★
Crossroads	3	N/A	<<	<<	<<	>>>	★★
Cumberland	3	N/A	<	>>>	>>>	>>>	★★
Durham	3	N/A	<<	<<	<<	>>>	★★
Eastpointe	3	N/A	<	<<	>>>	<<	★★
Edgecombe-Nash	3	N/A	>	<	>>>	>>>	★★
Five County	3	N/A	>>	>>	<<	<	★★
Foothills	3	N/A	<	<	<<	>>	★★
Guilford	3	N/A	<<	<<	<<	<<	★★
Johnston	3	N/A	>	>>>	>	<<	★★
Mecklenburg	3	N/A	>	<	>>>	>	★★
Neuse	3	N/A	>	<<	<<	<<	★★
New River	3	N/A	<<	<<	<<	>>>	★
Onslow-Carteret	3	N/A	<<	<	<<	<	★★
Orange-Person-Chatham	3	N/A	<	<<	<	>>	★★
Pathways	3	N/A	<	>>>	>>	<<	★★
Pitt	3	N/A	<<	<<	>	>>	★★
Roanoke-Chowan	3	N/A	>	<<	<<	>	★★
Sandhills Center	3	N/A	<<	<	<	>	★★
Smoky Mountain	3	N/A	<<	<<	<	>>>	★★
Southeastern Center	3	N/A	>	<<	>>>	>>>	★★
Southeastern Regional	3	N/A	<	>>>	<	>>	★★
Tideland	3	N/A	<<	<<	>>	<<	★★
Wake	3	N/A	>	<<	>	>	★★
Western Highlands	3	N/A	<	>	<<	>>>	★★
Wilson-Greene	3	N/A	>>>	<<	<<	<	★★

Met Best Practice Standard Q3: ★★	N/A					26 89.7%
Met the SFY2007 Standard Q3: ★	N/A					3 10.3%
Total	N/A					29 100.0%

Statewide average for the measures that were applicable this quarter that met the current SFY or best practice standard. No measures were applicable this quarter.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.
- The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include annual measures
(e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.

Bed-Day Allocation Symbols (Applicable First 3 Quarters Only)	
>>>	YTD utilization has exceeded the annual allocation
>>	YTD utilization is more than 10% above the YTD prorated allocation
>	YTD utilization is less than 10% above the YTD prorated allocation
=	YTD utilization is equal to the YTD prorated allocation
<	YTD utilization is less than 10% below the YTD prorated allocation
<<	YTD utilization is more than 10% below the YTD prorated allocation

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Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met ^{1,2} (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.5. SAJJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.0. CDW - Screening Record	1.8.2.2. CDW - Diagnosis	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.6. CDW - Episode Completion Records	1.8.2.9. NC TOPPS (Initial)	1.8.2.10. NC TOPPS (Update)	1.8.2.11. National Core Indicators Consents and Pre-Surveys	1.8.2.13. NC-SNAP	1.8.2.14. Consumer Satisfaction Survey
Alamance-Caswell-Rockingham	3	80.0%	★★	★★	★★		★	★★	★★	★	★	★★			★★	★★	★★
Albemarle	3	73.3%	★★	★★	★★	☆☆		★	★	★		★	★		★★	★	★★
Catawba	3	78.6%	★★	★★		☆☆	★★	★★	★	★	★★	★★			★★	★★	★★
CenterPoint	3	66.7%	★★	★★	★★	★	★★	★★		★★	★★	★★				★★	★★
Crossroads	3	73.3%	★★	★★	★★	☆☆	★		★	★	★★	★			★★	★★	★★
Cumberland	3	80.0%	★★	★★	★★		★★	★	★	★★	★	★			★★	★★	★★
Durham	3	73.3%	★★	★★	★★	☆☆	★★	★★	★★	★	★★	★★			★★		★★
Eastpointe	3	53.3%	★★	★★	★★	☆☆		★	★			★			★★		★★
Edgecombe-Nash	3	71.4%	★★	★★		☆☆	★	★	★	★	★★	★				★★	★★
Five County	3	40.0%	★★	★★	★★	☆☆									★★	★★	★★
Foothills	3	80.0%	★★	★★	★★	☆☆	★★	★	★	★	★★	★			★★	★★	★★
Guilford	3	66.7%	★★	★★	★★	★	★★	★	★	★★	★	★					★★
Johnston	3	85.7%	★★	★★			★★	★★	★	★★	★★	★★	★		★★	★★	★★
Mecklenburg	3	60.0%	★★	★★	★★		★	★	★			★				★	★★
Neuse	3	80.0%	★★	★★	★★	☆☆	★★	★	★	★	★	★			★★	★★	★★
New River	3	57.1%	★★				★	★			★	★			★★	★	★★
Onslow-Carteret	3	33.3%	★★		★★	☆☆	★								★★		★★
Orange-Person-Chatham	3	46.7%	★★	★★	★★				★		★					★	★★
Pathways	3	40.0%	★★	★★		★	★			★						★★	★★
Pitt	3	50.0%	★★		★★										★★	★★	
Roanoke-Chowan	3	73.3%	★★	★★	★★	☆☆	★★	★★	★★	★	★★	★★			★★		★★
Sandhills Center	3	80.0%	★★	★★	★★	☆☆	★★	★	★	★	★	★★			★	★★	★★
Smoky Mountain	3	28.6%	★★	★★		☆☆	★			★							
Southeastern Center	3	60.0%	★★	★★	★★	☆☆	★	★	★						★★	★★	★★
Southeastern Regional	3	66.7%	★★	★★	★★	☆☆	★	★★	★★	★	★★	★★					★★
Tideland	3	46.7%	★★			☆☆		★	★★	★	★	★			★★		
Wake	3	60.0%	★★	★★	★★	☆☆		★	★	★	★				★★		★★
Western Highlands	3	60.0%	★★	★★	★★	☆☆		★★	★★	★★	★	★★				★★	
Wilson-Greene	3	78.6%	★★	★★		☆☆	★★	★	★	★	★	★★			★★	★★	★★
Met Best Practice Standard Q3: ★★	43.1%	29 100.0%	25 86.2%	21 91.3%	19 65.5%	9 32.1%	8 28.6%	6 21.4%	5 17.9%	9 32.1%	10 35.7%	0 0.0%	0 0.0%	19 65.5%	16 55.2%	25 86.2%	
Met the SFY2007 Standard Q3: ★	20.6%	0 0.0%	0 0.0%	0 0.0%	3 10.3%	12 42.9%	14 50.0%	16 57.1%	16 57.1%	11 39.3%	11 39.3%	2 7.1%	0 0.0%	1 3.4%	4 13.8%	0 0.0%	
Total	63.7%	29 100.0%	25 86.2%	21 91.3%	22 75.9%	21 75.0%	22 78.6%	22 78.6%	21 75.0%	20 71.4%	21 75.0%	2 7.1%	0 0.0%	20 69.0%	20 69.0%	25 86.2%	

Statewide average (for the 14 measures that were applicable this quarter) that met the current SFY or best practice standard.

- Notes:
- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆☆ = On track for meeting the annual Best Practice Standard.
 - Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First) for which final results will not be available until year-end.
 - Measures that are shaded gray are not applicable this quarter.

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General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/06)				2nd Qtr Report (Due 1/30/07)				3rd Qtr Report (Due 4/30/07)				4th Qtr Report (Due 7/30/07)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Albemarle	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Catawba	10/20/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/23/07	Yes	Yes	★★				
CenterPoint	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Crossroads	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Cumberland	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/22/07	Yes	Yes	★★				
Durham	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Eastpointe	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Edgecombe-Nash	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Five County	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Foothills	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Guilford	10/10/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Johnston	10/12/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Mecklenburg	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Neuse	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
New River	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/4/07	Yes	Yes	★★				
Onslow-Carteret	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★				
Orange-Person-Chatham	10/19/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Pathways	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Pitt	10/27/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Roanoke-Chowan	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Sandhills Center	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Smoky Mountain	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/4/07	Yes	Yes	★★				
Southeastern Center	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Southeastern Regional	10/27/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Tideland	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★				
Wake	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Western Highlands	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				
Wilson-Greene	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★				

Number and Percent of LMEs that met the Best Practice Standard: 29 (100%)

29 (100%)

29 (100%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. 2nd Quarter, Edgecombe-Nash and Wilson-Greene submitted a combined report.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	4/20/07	1,757	454	25.8%	449	98.9%	5	1.1%	454	100.0%	★★
Albemarle	4/20/07	933	13	1.4%	10	76.9%	1	7.7%	11	84.6%	
Catawba	4/17/07	2,378	21	0.9%	21	100.0%	0	0.0%	21	100.0%	★★
CenterPoint	4/19/07	3,836	477	12.4%	470	98.5%	7	1.5%	477	100.0%	★★
Crossroads	4/19/07	2,058	177	8.6%	177	100.0%	0	0.0%	177	100.0%	★★
Cumberland	4/20/07	924	48	5.2%	48	100.0%	0	0.0%	48	100.0%	★★
Durham	4/18/07	2,124	428	20.2%	428	100.0%	0	0.0%	428	100.0%	★★
Eastpointe	4/19/07	737	24	3.3%	24	100.0%	0	0.0%	24	100.0%	★★
Edgecombe-Nash	4/12/07	666	12	1.8%	12	100.0%	0	0.0%	12	100.0%	★★
Five County	4/19/07	1,501	646	43.0%	646	100.0%	0	0.0%	646	100.0%	★★
Foothills	4/30/07	2,357	335	14.2%	325	97.0%	10	3.0%	335	100.0%	★★
Guilford	4/17/07	2,927	1,338	45.7%	1,338	100.0%		0.0%	1,338	100.0%	★★
Johnston	4/17/07	751	83	11.1%	83	100.0%	0	0.0%	83	100.0%	★★
Mecklenburg	4/17/07	1,943	526	27.1%	518	98.5%	8	1.5%	526	100.0%	★★
Neuse	4/16/07	440	27	6.1%	27	100.0%	0	0.0%	27	100.0%	★★
New River	4/19/07	1,072	97	9.0%	95	97.9%	2	2.1%	97	100.0%	★★
Onslow-Carteret	4/20/07	1,253	379	30.2%	378	99.7%	1	0.3%	379	100.0%	★★
Orange-Person-Chatham	4/18/07	1,117	66	5.9%	66	100.0%	0	0.0%	66	100.0%	★★
Pathways	4/20/07	2,287	406	17.8%	379	93.3%	3	0.7%	382	94.1%	★
Pitt	4/20/07	388	3	0.8%	1	33.3%	2	66.7%	3	100.0%	★★
Roanoke-Chowan	4/16/07	981	101	10.3%	101	100.0%	0	0.0%	101	100.0%	★★
Sandhills Center	4/20/07	2,832	693	24.5%	691	99.7%	2	0.3%	693	100.0%	★★
Smoky Mountain	4/19/07	1,565	295	18.8%	211	71.5%	84	28.5%	295	100.0%	★★
Southeastern Center	4/20/07	2,772	535	19.3%	506	94.6%	29	5.4%	535	100.0%	★★
Southeastern Regional	4/20/07	2,203	78	3.5%	74	94.9%	4	5.1%	78	100.0%	★★
Tideland	4/19/07	727	18	2.5%	10	55.6%	2	11.1%	12	66.7%	
Wake	4/27/07	2,060	406	19.7%	358	88.2%	48	11.8%	406	100.0%	★★
Western Highlands	4/17/07	1,933	227	11.7%	227	100.0%	0	0.0%	227	100.0%	★★
Wilson-Greene	4/12/07	651	21	3.2%	21	100.0%	0	0.0%	21	100.0%	★★
Total		47,173	7,934	16.8%	7,694	97.0%	208	2.6%	7,902	99.6%	★

Number and Pct of LMEs that met the Best Practice Standard:

26 (89.7%)

Number and Pct of LMEs that met the SFY 2007 Standard:

1 (3.4%)

Total

27 (93.1%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter							
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²	
Alamance-Caswell-Rockingham	10/20/06	1,629	403	24.7%	403	100.0%	★★	1/19/07	1,193	356	29.8%	356	100.0%	★★	4/20/07	1,757	454	25.8%	454	100.0%	★★								
Albemarle	10/23/06	1,325	92	6.9%	83	90.2%	★	1/19/07	889	41	4.6%	35	85.4%	★	4/20/07	933	13	1.4%	11	84.6%									
Catawba	10/19/06	1,967	44	2.2%	44	100.0%	★★	1/19/07	2,174	49	2.3%	49	100.0%	★★	4/17/07	2,378	21	0.9%	21	100.0%	★★								
CenterPoint	10/13/06	3,466	1,005	29.0%	1,004	99.9%	★	1/17/07	3,483	906	26.0%	904	99.8%	★	4/19/07	3,836	477	12.4%	477	100.0%	★★								
Crossroads	10/16/06	1,710	193	11.3%	193	100.0%	★★	1/8/07	1,684	216	12.8%	216	100.0%	★★	4/19/07	2,058	177	8.6%	177	100.0%	★★								
Cumberland	10/19/06	952	39	4.1%	39	100.0%	★★	1/18/07	742	22	3.0%	22	100.0%	★★	4/20/07	924	48	5.2%	48	100.0%	★★								
Durham	10/18/06	2,013	251	12.5%	251	100.0%	★★	1/17/07	1,721	278	16.2%	278	100.0%	★★	4/18/07	2,124	428	20.2%	428	100.0%	★★								
Eastpointe	10/20/06	1,185	53	4.5%	53	100.0%	★★	1/18/07	935	21	2.2%	21	100.0%	★★	4/19/07	737	24	3.3%	24	100.0%	★★								
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	9	2.4%	9	100.0%	★★	4/12/07	666	12	1.8%	12	100.0%	★★								
Five County	10/16/06	1,456	646	44.4%	646	100.0%	★★	1/17/07	1,376	554	40.3%	554	100.0%	★★	4/19/07	1,501	646	43.0%	646	100.0%	★★								
Foothills	10/20/06	2,065	395	19.1%	395	100.0%	★★	1/19/07	2,216	360	16.2%	360	100.0%	★★	4/30/07	2,357	335	14.2%	335	100.0%	★★								
Guilford	10/12/06	3,226	1,712	53.1%	1,712	100.0%	★★	1/11/07	3,043	1,664	54.7%	1,664	100.0%	★★	4/17/07	2,927	1,338	45.7%	1,338	100.0%	★★								
Johnston	10/20/06	627	70	11.2%	70	100.0%	★★	1/19/07	754	94	12.5%	94	100.0%	★★	4/17/07	751	83	11.1%	83	100.0%	★★								
Mecklenburg	10/17/06	1,729	23	1.3%	23	100.0%	★★	1/19/07	1,634	392	24.0%	392	100.0%	★★	4/17/07	1,943	526	27.1%	526	100.0%	★★								
Neuse	10/16/06	649	24	3.7%	24	100.0%	★★	1/17/07	382	31	8.1%	31	100.0%	★★	4/16/07	440	27	6.1%	27	100.0%	★★								
New River	10/20/06	2,020	100	5.0%	100	100.0%	★★	2/7/07	750	43	5.7%	43	100.0%	★★	4/19/07	1,072	97	9.0%	97	100.0%	★★								
Onslow-Carteret	10/31/06	1,211	377	31.1%	377	100.0%	★★	1/19/07	1,105	338	30.6%	338	100.0%	★★	4/20/07	1,253	379	30.2%	379	100.0%	★★								
Orange-Person-Chatham	10/20/06	663	115	17.3%	115	100.0%	★★	1/23/07	548	22	4.0%	22	100.0%	★★	4/18/07	1,117	66	5.9%	66	100.0%	★★								
Pathways	10/19/06	1,991	292	14.7%	284	97.3%	★	1/19/07	2,308	396	17.2%	396	100.0%	★★	4/20/07	2,287	406	17.8%	382	94.1%	★								
Pitt	10/19/06	403	5	1.2%	5	100.0%	★★	1/19/07	333	2	0.6%	2	100.0%	★★	4/20/07	388	3	0.8%	3	100.0%	★★								
Roanoke-Chowan	10/19/06	974	53	5.4%	53	100.0%	★★	1/17/07	974	80	8.2%	80	100.0%	★★	4/16/07	981	101	10.3%	101	100.0%	★★								
Sandhills Center	10/20/06	2,770	507	18.3%	507	100.0%	★★	1/19/07	2,726	585	21.5%	585	100.0%	★★	4/20/07	2,832	693	24.5%	693	100.0%	★★								
Smoky Mountain	10/18/06	1,594	285	17.9%	285	100.0%	★★	1/19/07	1,842	281	15.3%	271	96.4%	★	4/19/07	1,565	295	18.8%	295	100.0%	★★								
Southeastern Center	10/20/06	2,512	762	30.3%	762	100.0%	★★	1/19/07	2,518	492	19.5%	492	100.0%	★★	4/20/07	2,772	535	19.3%	535	100.0%	★★								
Southeastern Regional	10/19/06	1,117	44	3.9%	44	100.0%	★★	1/19/07	1,669	52	3.1%	52	100.0%	★★	4/20/07	2,203	78	3.5%	78	100.0%	★★								
Tideland	Subject to Performance Agreement							1/19/07	785	24	3.1%	12	50.0%		4/19/07	727	18	2.5%	12	66.7%									
Wake	10/20/06	1,786	319	17.9%	319	100.0%	★★	1/20/07	1,842	388	21.1%	388	100.0%	★★	4/27/07	2,060	406	19.7%	406	100.0%	★★								
Western Highlands	10/16/06	1,719	244	14.2%	244	100.0%	★★	1/19/07	1,740	255	14.7%	255	100.0%	★★	4/17/07	1,933	227	11.7%	227	100.0%	★★								
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	78	11.9%	78	100.0%	★★	4/12/07	651	21	3.2%	21	100.0%	★★								
Totals		42,759	8,053	18.8%	8,035	99.8%	★		42,398	8,029	18.9%	7,999	99.6%	★		47,173	7,934	16.8%	7,902	99.6%	★								

Number and Pct of LMEs that met the Best Practice Standard:

23 (88.5%)

25 (86.2%)

26 (89.7%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

3 (11.5%)

3 (10.3%)

1 (3.4%)

0 (0%)

Total

26 (100%)

28 (96.6%)

27 (93.1%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons³ Determined To Need	Met Std⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	4/20/07	1,757	23	1.3%	23	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	4/20/07	933	275	29.5%	233	84.7%		4	1.5%	11	4.0%	90.2%
Catawba	4/17/07	2,378	40	1.7%	40	100.0%	★★	0	0.0%	0	0.0%	100.0%
CenterPoint	4/19/07	3,836	236	6.2%	225	95.3%	★	1	0.4%	10	4.2%	100.0%
Crossroads	4/19/07	2,058	337	16.4%	332	98.5%	★	0	0.0%	5	1.5%	100.0%
Cumberland	4/20/07	924	83	9.0%	77	92.8%	★	2	2.4%	4	4.8%	100.0%
Durham	4/18/07	2,124	713	33.6%	642	90.0%	★	5	0.7%	46	6.5%	97.2%
Eastpointe	4/19/07	737	77	10.4%	29	37.7%		0	0.0%	48	62.3%	100.0%
Edgecombe-Nash	4/12/07	666	225	33.8%	77	34.2%		0	0.0%	7	3.1%	37.3%
Five County	4/19/07	1,501	52	3.5%	52	100.0%	★★	0	0.0%		0.0%	100.0%
Foothills	4/30/07	2,357	139	5.9%	127	91.4%	★	12	8.6%	0	0.0%	100.0%
Guilford	4/17/07	2,927	76	2.6%	76	100.0%	★★		0.0%		0.0%	100.0%
Johnston	4/17/07	751	63	8.4%	63	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	4/17/07	1,943	531	27.3%	528	99.4%	★	0	0.0%	3	0.6%	100.0%
Neuse	4/16/07	440	104	23.6%	76	73.1%		15	14.4%	13	12.5%	100.0%
New River	4/19/07	1,072	202	18.8%	154	76.2%		0	0.0%	48	23.8%	100.0%
Onslow-Carteret	4/20/07	1,253	152	12.1%	150	98.7%	★	2	1.3%	0	0.0%	100.0%
Orange-Person-Chatham	4/18/07	1,117	52	4.7%	46	88.5%	★	4	7.7%	2	3.8%	100.0%
Pathways	4/20/07	2,287	323	14.1%	307	95.0%	★	7	2.2%	9	2.8%	100.0%
Pitt	4/20/07	388	11	2.8%	6	54.5%		1	9.1%	4	36.4%	100.0%
Roanoke-Chowan	4/16/07	981	89	9.1%	46	51.7%		43	48.3%	0	0.0%	100.0%
Sandhills Center	4/20/07	2,832	458	16.2%	367	80.1%		49	10.7%	42	9.2%	100.0%
Smoky Mountain	4/19/07	1,565	178	11.4%	158	88.8%	★	19	10.7%	1	0.6%	100.0%
Southeastern Center	4/20/07	2,772	707	25.5%	187	26.4%		29	4.1%	70	9.9%	40.5%
Southeastern Regional	4/20/07	2,203	257	11.7%	171	66.5%		60	23.3%	26	10.1%	100.0%
Tideland	4/19/07	727	69	9.5%	29	42.0%		5	7.2%	12	17.4%	66.7%
Wake	4/27/07	2,060	319	15.5%	301	94.4%	★	10	3.1%	8	2.5%	100.0%
Western Highlands	4/17/07	1,933	210	10.9%	172	81.9%		18	8.6%	20	9.5%	100.0%
Wilson-Greene	4/12/07	651	156	24.0%	62	39.7%		0	0.0%	6	3.8%	43.6%
Total		47,173	6,157	13.1%	4,756	77.2%		286	4.6%	395	6.4%	88.3%

Number and Pct of LMEs that met the Best Practice Standard:

5 (17.2%)

Number and Pct of LMEs that met the SFY 2007 Standard:

11 (37.9%)

Total

16 (55.2%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter							
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			
			#	%	#	%	Met Std ²			#	%	Met Std ²	#	%			Met Std ²	#	%	Met Std ²	#			%	Met Std ²				
Alamance-Caswell-Rockingham	10/20/06	1,629	31	1.9%	31	100.0%	★★	1/19/07	1,193	12	1.0%	12	100.0%	★★	4/20/07	1,757	23	1.3%	23	100.0%	★★								
Albemarle	10/23/06	1,325	300	22.6%	237	79.0%		1/19/07	889	308	34.6%	252	81.8%		4/20/07	933	275	29.5%	233	84.7%									
Catawba	10/19/06	1,967	35	1.8%	35	100.0%	★★	1/19/07	2,174	44	2.0%	43	97.7%	★	4/17/07	2,378	40	1.7%	40	100.0%	★★								
CenterPoint	10/13/06	3,466	196	5.7%	176	89.8%	★	1/17/07	3,483	143	4.1%	133	93.0%	★	4/19/07	3,836	236	6.2%	225	95.3%	★								
Crossroads	10/16/06	1,710	109	6.4%	106	97.2%	★	1/8/07	1,684	178	10.6%	172	96.6%	★	4/19/07	2,058	337	16.4%	332	98.5%	★								
Cumberland	10/19/06	952	149	15.7%	123	82.6%		1/18/07	742	121	16.3%	106	87.6%	★	4/20/07	924	83	9.0%	77	92.8%	★								
Durham	10/18/06	2,013	931	46.2%	709	76.2%		1/17/07	1,721	677	39.3%	577	85.2%	★	4/18/07	2,124	713	33.6%	642	90.0%	★								
Eastpointe	10/20/06	1,185	54	4.6%	22	40.7%		1/18/07	935	95	10.2%	75	78.9%		4/19/07	737	77	10.4%	29	37.7%									
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	71	18.9%	25	35.2%		4/12/07	666	225	33.8%	77	34.2%									
Five County	10/16/06	1,456	44	3.0%	43	97.7%	★	1/17/07	1,376	33	2.4%	33	100.0%	★★	4/19/07	1,501	52	3.5%	52	100.0%	★★								
Foothills	10/20/06	2,065	120	5.8%	120	100.0%	★★	1/19/07	2,216	142	6.4%	131	92.3%	★	4/30/07	2,357	139	5.9%	127	91.4%	★								
Guilford	10/12/06	3,226	156	4.8%	156	100.0%	★★	1/11/07	3,043	134	4.4%	131	97.8%	★	4/17/07	2,927	76	2.6%	76	100.0%	★★								
Johnston	10/20/06	627	47	7.5%	47	100.0%	★★	1/19/07	754	53	7.0%	53	100.0%	★★	4/17/07	751	63	8.4%	63	100.0%	★★								
Mecklenburg	10/17/06	1,729	876	50.7%	837	95.5%	★	1/19/07	1,634	591	36.2%	584	98.8%	★	4/17/07	1,943	531	27.3%	528	99.4%	★								
Neuse	10/16/06	649	45	6.9%	45	100.0%	★★	1/17/07	382	45	11.8%	33	73.3%		4/16/07	440	104	23.6%	76	73.1%									
New River	10/20/06	2,020	402	19.9%	393	97.8%	★	2/7/07	750	161	21.5%	140	87.0%	★	4/19/07	1,072	202	18.8%	154	76.2%									
Onslow-Carteret	10/31/06	1,211	455	37.6%	450	98.9%	★	1/19/07	1,105	170	15.4%	163	95.9%	★	4/20/07	1,253	152	12.1%	150	98.7%	★								
Orange-Person-Chatham	10/20/06	663	165	24.9%	163	98.8%	★	1/23/07	548	22	4.0%	14	63.6%		4/18/07	1,117	52	4.7%	46	88.5%	★								
Pathways	10/19/06	1,991	178	8.9%	167	93.8%	★	1/19/07	2,308	335	14.5%	314	93.7%	★	4/20/07	2,287	323	14.1%	307	95.0%	★								
Pitt	10/19/06	403	10	2.5%	8	80.0%		1/19/07	333	6	1.8%	4	66.7%		4/20/07	388	11	2.8%	6	54.5%									
Roanoke-Chowan	10/19/06	974	66	6.8%	50	75.8%		1/17/07	974	99	10.2%	64	64.6%		4/16/07	981	89	9.1%	46	51.7%									
Sandhills Center	10/20/06	2,770	266	9.6%	226	85.0%	★	1/19/07	2,726	367	13.5%	285	77.7%		4/20/07	2,832	458	16.2%	367	80.1%									
Smoky Mountain	10/18/06	1,594	213	13.4%	160	75.1%		1/19/07	1,842	191	10.4%	138	72.3%		4/19/07	1,565	178	11.4%	158	88.8%	★								
Southeastern Center	10/20/06	2,512	724	28.8%	163	22.5%		1/19/07	2,518	757	30.1%	351	46.4%		4/20/07	2,772	707	25.5%	187	26.4%									
Southeastern Regional	10/19/06	1,117	75	6.7%	67	89.3%	★	1/19/07	1,669	332	19.9%	220	66.3%		4/20/07	2,203	257	11.7%	171	66.5%									
Tideland	Subject to Performance Agreement							1/19/07	785	157	20.0%	50	31.8%		4/19/07	727	69	9.5%	29	42.0%									
Wake	10/20/06	1,786	269	15.1%	248	92.2%	★	1/20/07	1,842	337	18.3%	330	97.9%	★	4/27/07	2,060	319	15.5%	301	94.4%	★								
Western Highlands	10/16/06	1,719	200	11.6%	162	81.0%		1/19/07	1,740	248	14.3%	220	88.7%	★	4/17/07	1,933	210	10.9%	172	81.9%									
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	87	13.3%	30	34.5%		4/12/07	651	156	24.0%	62	39.7%									
Totals		42,759	6,116	14.3%	4,944	80.8%			42,398	5,916	14.0%	4,683	79.2%			47,173	6,157	13.1%	4,756	77.2%									

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 6 (23.1%)

3 (10.3%)

5 (17.2%)

0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard: 11 (42.3%)

13 (44.8%)

11 (37.9%)

0 (0%)

Total 17 (65.4%)

16 (55.2%)

16 (55.2%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. NR = Not reported.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	4/20/07	1,757	1,280	72.9%	220	17.2%		19	1.5%	247	19.3%	38.0%
Albemarle	4/20/07	933	640	68.6%	205	32.0%		161	25.2%	46	7.2%	64.4%
Catawba	4/17/07	2,378	1,231	51.8%	646	52.5%		178	14.5%	173	14.1%	81.0%
CenterPoint	4/19/07	3,836	3,123	81.4%	2,318	74.2%		37	1.2%	347	11.1%	86.5%
Crossroads	4/19/07	2,058	1,440	70.0%	450	31.3%		31	2.2%	141	9.8%	43.2%
Cumberland	4/20/07	924	789	85.4%	477	60.5%		104	13.2%	208	26.4%	100.0%
Durham	4/18/07	2,124	983	46.3%	545	55.4%		6	0.6%	364	37.0%	93.1%
Eastpointe	4/19/07	737	622	84.4%	429	69.0%		0	0.0%	193	31.0%	100.0%
Edgecombe-Nash	4/12/07	666	429	64.4%	263	61.3%		0	0.0%	47	11.0%	72.3%
Five County	4/19/07	1,501	803	53.5%	607	75.6%		30	3.7%	55	6.8%	86.2%
Foothills	4/30/07	2,357	1,883	79.9%	937	49.8%		721	38.3%	225	11.9%	100.0%
Guilford	4/17/07	2,927	1,097	37.5%	800	72.9%		159	14.5%	138	12.6%	100.0%
Johnston	4/17/07	751	488	65.0%	250	51.2%		65	13.3%	171	35.0%	99.6%
Mecklenburg	4/17/07	1,943	886	45.6%	848	95.7%	★	0	0.0%	38	4.3%	100.0%
Neuse	4/16/07	440	308	70.0%	191	62.0%		11	3.6%	106	34.4%	100.0%
New River	4/19/07	1,072	773	72.1%	542	70.1%		1	0.1%	19	2.5%	72.7%
Onslow-Carteret	4/20/07	1,253	722	57.6%	691	95.7%	★	21	2.9%	10	1.4%	100.0%
Orange-Person-Chatham	4/18/07	1,117	963	86.2%	802	83.3%		18	1.9%	99	10.3%	95.4%
Pathways	4/20/07	2,287	1,056	46.2%	223	21.1%		1	0.1%	16	1.5%	22.7%
Pitt	4/20/07	388	352	90.7%	192	54.5%		22	6.3%	138	39.2%	100.0%
Roanoke-Chowan	4/16/07	981	707	72.1%	532	75.2%		170	24.0%	5	0.7%	100.0%
Sandhills Center	4/20/07	2,832	1,264	44.6%	943	74.6%		117	9.3%	204	16.1%	100.0%
Smoky Mountain	4/19/07	1,565	1,092	69.8%	641	58.7%		10	0.9%	210	19.2%	78.8%
Southeastern Center	4/20/07	2,772	991	35.8%	424	42.8%		65	6.6%	186	18.8%	68.1%
Southeastern Regional	4/20/07	2,203	933	42.4%	715	76.6%		143	15.3%	75	8.0%	100.0%
Tideland	4/19/07	727	629	86.5%	187	29.7%		89	14.1%	45	7.2%	51.0%
Wake	4/27/07	2,060	930	45.1%	529	56.9%		10	1.1%	9	1.0%	58.9%
Western Highlands	4/17/07	1,933	1,476	76.4%	1,166	79.0%		127	8.6%	133	9.0%	96.6%
Wilson-Greene	4/12/07	651	459	70.5%	243	52.9%		0	0.0%	43	9.4%	62.3%
Total		47,173	28,349	60.1%	17,016	60.0%		2,316	8.2%	3,691	13.0%	81.2%

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

2 (6.9%)

Total

2 (6.9%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Access, Triage and Referral.
1.2.3. Access to Routine Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days		
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²
Alamance-Caswell-Rockingham	10/20/06	1,629	1,195	73.4%	920	77.0%		1/19/07	1,193	825	69.2%	124	15.0%		4/20/07	1,757	1,280	72.9%	220	17.2%								
Albemarle	10/23/06	1,325	921	69.5%	329	35.7%		1/19/07	889	539	60.6%	167	31.0%		4/20/07	933	640	68.6%	205	32.0%								
Catawba	10/19/06	1,967	1,149	58.4%	636	55.4%		1/19/07	2,174	1,295	59.6%	674	52.0%		4/17/07	2,378	1,231	51.8%	646	52.5%								
CenterPoint	10/13/06	3,466	2,128	61.4%	1,763	82.8%		1/17/07	3,483	2,294	65.9%	1,747	76.2%		4/19/07	3,836	3,123	81.4%	2,318	74.2%								
Crossroads	10/16/06	1,710	1,234	72.2%	822	66.6%		1/8/07	1,684	1,205	71.6%	808	67.1%		4/19/07	2,058	1,440	70.0%	450	31.3%								
Cumberland	10/19/06	952	754	79.2%	343	45.5%		1/18/07	742	599	80.7%	285	47.6%		4/20/07	924	789	85.4%	477	60.5%								
Durham	10/18/06	2,013	826	41.0%	171	20.7%		1/17/07	1,721	765	44.5%	257	33.6%		4/18/07	2,124	983	46.3%	545	55.4%								
Eastpointe	10/20/06	1,185	1,074	90.6%	647	60.2%		1/18/07	935	812	86.8%	338	41.6%		4/19/07	737	622	84.4%	429	69.0%								
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	296	78.7%	59	19.9%		4/12/07	666	429	64.4%	263	61.3%								
Five County	10/16/06	1,456	766	52.6%	621	81.1%		1/17/07	1,376	789	57.3%	635	80.5%		4/19/07	1,501	803	53.5%	607	75.6%								
Foothills	10/20/06	2,065	1,550	75.1%	1,488	96.0%	★	1/19/07	2,216	1,714	77.3%	1,372	80.0%	4/30/07	2,357	1,883	79.9%	937	49.8%									
Guilford	10/12/06	3,226	953	29.5%	691	72.5%		1/11/07	3,043	930	30.6%	537	57.7%		4/17/07	2,927	1,097	37.5%	800	72.9%								
Johnston	10/20/06	627	402	64.1%	218	54.2%		1/19/07	754	505	67.0%	217	43.0%		4/17/07	751	488	65.0%	250	51.2%								
Mecklenburg	10/17/06	1,729	830	48.0%	755	91.0%	★	1/19/07	1,634	651	39.8%	617	94.8%	★	4/17/07	1,943	886	45.6%	848	95.7%	★							
Neuse	10/16/06	649	580	89.4%	576	99.3%	★	1/17/07	382	306	80.1%	162	52.9%	4/16/07	NR	308	NR	NR	62.0%									
New River	10/20/06	2,020	883	43.7%	499	56.5%		2/7/07	750	523	69.7%	239	45.7%		4/19/07	1,072	773	72.1%	542	70.1%								
Onslow-Carteret	10/31/06	1,211	379	31.3%	339	89.4%	★	1/19/07	1,105	597	54.0%	461	77.2%		4/20/07	1,253	722	57.6%	691	95.7%	★							
Orange-Person-Chatham	10/20/06	663	336	50.7%	314	93.5%	★	1/23/07	548	468	85.4%	303	64.7%		4/18/07	1,117	963	86.2%	802	83.3%								
Pathways	10/19/06	1,991	968	48.6%	NR	0.0%		1/19/07	2,308	957	41.5%	216	22.6%		4/20/07	2,287	1,056	46.2%	223	21.1%								
Pitt	10/19/06	403	385	95.5%	230	59.7%		1/19/07	333	310	93.1%	182	58.7%		4/20/07	388	352	90.7%	192	54.5%								
Roanoke-Chowan	10/19/06	974	581	59.7%	418	71.9%		1/17/07	974	609	62.5%	420	69.0%		4/16/07	981	707	72.1%	532	75.2%								
Sandhills Center	10/20/06	2,770	1,859	67.1%	1,387	74.6%		1/19/07	2,726	1,439	52.8%	1,022	71.0%		4/20/07	2,832	1,264	44.6%	943	74.6%								
Smoky Mountain	10/18/06	1,594	1,095	68.7%	519	47.4%		1/19/07	1,842	1,370	74.4%	545	39.8%		4/19/07	1,565	1,092	69.8%	641	58.7%								
Southeastern Center	10/20/06	2,512	703	28.0%	315	44.8%		1/19/07	2,518	978	38.8%	653	66.8%		4/20/07	2,772	991	35.8%	424	42.8%								
Southeastern Regional	10/19/06	1,117	998	89.3%	631	63.2%		1/19/07	1,669	1,123	67.3%	763	67.9%		4/20/07	2,203	933	42.4%	715	76.6%								
Tideland	Subject to Performance Agreement							1/19/07	785	586	74.6%	221	37.7%		4/19/07	727	629	86.5%	187	29.7%								
Wake	10/20/06	1,786	478	26.8%	223	46.7%		1/20/07	1,842	664	36.0%	550	82.8%	4/27/07	2,060	930	45.1%	529	56.9%									
Western Highlands	10/16/06	1,719	1,259	73.2%	938	74.5%		1/19/07	1,740	1,225	70.4%	867	70.8%		4/17/07	1,933	1,476	76.4%	1,166	79.0%								
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	491	74.8%	98	20.0%		4/12/07	651	459	70.5%	243	52.9%								
Totals		42,759	23,318	54.5%	15,793	67.7%			42,398	24,865	58.6%	14,539	58.5%			47,173	28,349	60.1%	17,016	60.0%								

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard: 5 (19.2%)

Total

0 (0%)

1 (3.4%)

1 (3.4%)

0 (0%)

2 (6.9%)

2 (6.9%)

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. NR = Not reported.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2007 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	75%				75%				75%				75%			
Alamance-Caswell-Rockingham	6,352	3,758	59.2%		3,467	1,217	35.1%		2,021	788	39.0%		2,024	1,105	54.6%	
Albemarle	1,749	1,660	94.9%		2,608	2,232	85.6%		338	321	95.0%		373	247	66.2%	
Catawba	1,160	1,213	104.6%		1,159	1,616	139.4%		472	626	132.6%		267	216	80.9%	
CenterPoint	7,251	7,593	104.7%		4,773	3,979	83.4%		1,448	930	64.2%		1,052	1,345	127.9%	
Crossroads	4,180	2,575	61.6%		2,441	1,284	52.6%		1,041	431	41.4%		350	629	179.7%	
Cumberland	3,506	2,345	66.9%		2,090	2,154	103.1%		422	554	131.3%		681	743	109.1%	
Durham	7,611	4,389	57.7%		4,752	1,988	41.8%		3,142	1,216	38.7%		1,259	1,597	126.8%	
Eastpointe	7,044	4,868	69.1%		9,365	4,493	48.0%		833	949	113.9%		2,156	616	28.6%	
Edgecombe-Nash	4,129	3,457	83.7%		5,587	3,678	65.8%		504	665	131.9%		801	819	102.2%	
Five County	5,055	4,568	90.4%		3,631	3,616	99.6%		1,613	793	49.2%		1,080	776	71.9%	
Foothills	5,871	4,089	69.6%		3,631	2,371	65.3%		2,405	764	31.8%		1,442	1,326	92.0%	
Guilford	10,043	5,697	56.7%		4,793	2,293	47.8%		2,184	750	34.3%		1,266	640	50.6%	
Johnston	1,251	1,034	82.7%		389	1,231	316.5%		1,026	846	82.5%		443	89	20.1%	
Mecklenburg	5,065	4,249	83.9%		6,881	4,778	69.4%		567	1,123	198.1%		1,070	830	77.6%	
Neuse	2,146	1,797	83.7%		4,259	2,034	47.8%		515	116	22.5%		485	119	24.5%	
New River	3,351	1,967	58.7%		2,347	1,117	47.6%		855	282	33.0%		617	1,004	162.7%	
Onslow-Carteret	3,378	1,580	46.8%		4,239	2,957	69.8%		712	405	56.9%		420	306	72.9%	
Orange-Person-Chatham	4,090	2,989	73.1%		2,193	961	43.8%		1,413	937	66.3%		792	768	97.0%	
Pathways	6,918	4,599	66.5%		3,318	3,360	101.3%		929	885	95.3%		937	600	64.0%	
Pitt	2,917	1,510	51.8%		3,999	1,864	46.6%		409	315	77.0%		412	406	98.5%	
Roanoke-Chowan	1,155	944	81.7%		2,542	1,052	41.4%		371	80	21.6%		280	224	80.0%	
Sandhills Center	6,920	4,349	62.8%		3,806	2,762	72.6%		2,349	1,688	71.9%		1,599	1,298	81.2%	
Smoky Mountain	3,794	1,888	49.8%		2,288	1,048	45.8%		927	651	70.2%		507	980	193.3%	
Southeastern Center	4,291	3,540	82.5%		7,311	3,281	44.9%		858	1,052	122.6%		530	704	132.8%	
Southeastern Regional	2,713	1,928	71.1%		1,490	2,037	136.7%		716	512	71.5%		733	676	92.2%	
Tideland	2,589	1,034	39.9%		4,000	2,219	55.5%		367	358	97.5%		1,008	134	13.3%	
Wake	12,542	9,912	79.0%		7,794	5,020	64.4%		3,892	3,054	78.5%		3,618	2,829	78.2%	
Western Highlands	12,107	8,334	68.8%		7,436	6,214	83.6%		2,480	1,224	49.4%		1,324	1,785	134.8%	
Wilson-Greene	2,132	2,988	140.2%		4,021	2,466	61.3%		792	465	58.7%		662	490	74.0%	
Totals	141,310	100,854	71.4%		116,610	75,322	64.6%		35,601	22,780	64.0%		28,188	23,301	82.7%	

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2007 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- YTD straight-line percentage for the current quarter is 75%.
Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.
Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.
Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- Standard Met is reported at the end of the year in the fourth quarter report.
★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports show clear evidence of an effective process containing all 5 elements (1-5 above).
SFY 2007 Standard: 75% of reports show clear evidence of an effective process containing at least 4 elements.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/06	All 5	1/17/07	All 5	4/18/07	All 5			☆☆
Albemarle	10/20/06	<4	1/19/07	All 5	4/20/07	All 5			☆
Catawba	10/19/06	<4	1/19/07	All 5	4/24/07	All 5			☆
CenterPoint	10/19/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Crossroads	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Cumberland	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Durham	10/19/06	All 5	1/16/07	All 5	4/16/07	All 5			☆☆
Eastpointe	10/17/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Edgecombe-Nash	Sub to Perf. Agreement		1/19/07	All 5	4/19/07	All 5			☆☆
Five County	10/17/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Foothills	10/17/06	All 5	1/18/07	All 5	4/17/07	All 5			☆☆
Guilford	10/19/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Johnston	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Mecklenburg	10/18/06	All 5	1/18/07	All 5	4/18/07	All 5			☆☆
Neuse	10/17/06	All 5	1/17/07	All 5	4/18/07	All 5			☆☆
New River	10/17/06	All 5	1/18/07	All 5	Not Rec'd				☆
Onslow-Carteret	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Orange-Person-Chatham	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Pathways	10/18/06	All 5	1/17/07	All 5	4/19/07	All 5			☆☆
Pitt	10/19/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Roanoke-Chowan	10/17/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Sandhills Center	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Smoky Mountain	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Southeastern Center	10/18/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Southeastern Regional	10/20/06	All 5	1/20/07	All 5	4/20/07	All 5			☆☆
Tideland	Sub to Perf. Agreement		1/19/07	All 5	4/19/07	All 5			☆☆
Wake	10/18/06	All 5	1/19/07	All 5	4/19/07	All 5			☆☆
Western Highlands	10/18/06	All 5	1/19/07	All 5	4/20/07	All 5			☆☆
Wilson-Greene	Sub to Perf. Agreement		1/19/07	All 5	4/18/07	All 5			☆☆

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

26 (89.7%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2007 Standard:

3 (10.3%)

Total

29 (100%)

Notes:

1. Dates that are shaded red indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.

2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/06)			2nd Qtr Report (Due 2/20/07)			3rd Qtr Report (Due 4/20/07)			4th Qtr Cash-Basis Report (Due 8/31/07)		4th Qtr Accrual- Basis Report (Due 8/31/07)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Albemarle	10/18/06	Yes	★★	Not Rec'd			4/16/07	Yes	★★					
Catawba	10/17/06	Yes	★★	1/11/07	Yes	★★	4/18/07	Yes	★★					
CenterPoint	10/17/06	Yes	★★	2/15/07	Yes	★★	4/19/07	Yes	★★					
Crossroads	10/18/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★					
Cumberland	10/12/06	Yes	★★	2/21/07	Yes		4/16/07	Yes	★★					
Durham	10/10/06	Yes	★★	2/14/07	Yes	★★	4/2/07	Yes	★★					
Eastpointe	10/18/06	Yes	★★	2/7/07	Yes	★★	4/20/07	Yes	★★					
Edgecombe-Nash	10/13/06	Yes	★★	2/19/07	Yes	★★	4/11/07	Yes	★★					
Five County	10/17/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★					
Foothills	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Guilford	10/12/06	Yes	★★	1/22/07	Yes	★★	4/13/07	Yes	★★					
Johnston	10/20/06	Yes	★★	2/20/07	Yes	★★	4/19/07	Yes	★★					
Mecklenburg	10/17/06	Yes	★★	2/19/07	Yes	★★	4/19/07	Yes	★★					
Neuse	10/17/06	Yes	★★	2/12/07	Yes	★★	4/11/07	Yes	★★					
New River	10/20/06	Yes	★★	Not Rec'd			Not Rec'd	No						
Onslow-Carteret	10/17/06	Yes	★★	Not Rec'd			Not Rec'd	No						
Orange-Person-Chatham	10/20/06	Yes	★★	2/16/07	Yes	★★	4/20/07	Yes	★★					
Pathways	10/18/06	Yes	★★	1/18/07	Yes	★★	4/11/07	Yes	★★					
Pitt	Not Rec'd			2/17/07	Yes	★★	Not Rec'd	No						
Roanoke-Chowan	10/16/06	Yes	★★	2/19/07	Yes	★★	4/18/07	Yes	★★					
Sandhills Center	10/18/06	Yes	★★	2/15/07	Yes	★★	4/11/07	Yes	★★					
Smoky Mountain	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Southeastern Center	10/18/06	Yes	★★	2/12/07	Yes	★★	4/20/07	Yes	★★					
Southeastern Regional	10/16/06	Yes	★★	2/19/07	Yes	★★	4/20/07	Yes	★★					
Tideland	10/26/06	Yes		2/7/07	Yes	★★	Not Rec'd	No						
Wake	10/18/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Western Highlands	10/31/06	Yes		2/2/07	Yes	★★	4/19/07	Yes	★★					
Wilson-Greene	10/16/06	Yes	★★	2/17/07	Yes	★★	4/19/07	Yes	★★					

and % of LMEs that met the Performance Standard: 26 (89.7%)

25 (86.2%)

25 (86.2%)

0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Reports (Due 10/20/06)							2nd Qtr Reports (Due 1/20/07)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/16/06	Yes			★★			1/19/07	Yes			★★
Albemarle			10/20/06	Yes	10/20/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
CenterPoint	11/27/06	Yes	11/27/06	Yes				1/19/07	Yes	1/19/07	Yes			★★
Crossroads	No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.							No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.						
Cumberland	10/20/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Durham	10/20/06	Yes	10/20/06	Yes			★★	1/10/07	Yes	1/19/07	Yes			★★
Eastpointe			10/16/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Five County			10/20/06	Yes			★★			1/19/07	Yes			★★
Foothills	10/16/06	Yes					★★	1/19/07	Yes					★★
Guilford	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Mecklenburg	10/16/06	Yes					★★	1/19/07	Yes					★★
Neuse			10/20/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Onslow-Carteret			10/20/06	Yes			★★			1/19/07	Yes			★★
Orange-Person-Chatham			10/20/06	Yes			★★			1/19/07	Yes			★★
Pathways	10/20/06	Yes					★★	1/19/07	Yes					★★
Pitt	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Roanoke-Chowan					10/20/06	Yes	★★					1/19/07	Yes	★★
Sandhills Center	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Southeastern Center	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Southeastern Regional			10/16/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Tideland			Not Rec'd	No						1/19/07	Yes			★★
Wake	10/16/06	Yes	10/15/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Western Highlands	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Catawba														
Edgecombe-Nash														
Johnston														
New River														
Smoky Mountain														
Wilson-Greene														

Met the Best Practice Standard:

20 (90.9%)

22 (100%)

Met the SFY2007 Standard:

0 (0%)

0 (0%)

Total

20 (90.9%)

22 (100%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red. **Italicized** dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	3rd Qtr Reports (Due 4/20/07)							4th Qtr Reports (Due 7/20/07)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			4/17/07	Yes			★★							
Albemarle			4/20/07	Yes	4/20/07	Yes	★★							
CenterPoint	4/17/07	Yes	4/17/07	Yes			★★							
Crossroads			4/18/07	Yes			★★							
Cumberland	4/17/07	Yes	4/4/07	Yes			★★							
Durham	4/18/07	Yes	4/20/07	Yes			★★							
Eastpointe			4/18/07	Yes	4/4/07	Yes	★★							
Five County			4/20/07	Yes			★★							
Foothills	4/18/07	Yes					★★							
Guilford	4/10/07	Yes	4/20/07	Yes			★★							
Mecklenburg	4/10/07	Yes					★★							
Neuse			4/18/07	Yes	4/18/07	Yes	★★							
Onslow-Carteret			4/20/07	Yes			★★							
Orange-Person-Chatham			4/20/07	Yes			★★							
Pathways	Not Rec'd	No												
Pitt	4/9/07	Yes	4/18/07	Yes			★★							
Roanoke-Chowan					4/20/07	Yes	★★							
Sandhills Center	4/18/07	Yes	4/20/07	Yes			★★							
Southeastern Center	4/20/07	Yes	4/20/07	Yes			★★							
Southeastern Regional			4/17/07	Yes	4/17/07	Yes	★★							
Tideland			Not Rec'd	No										
Wake	4/17/07	Yes	4/17/07	Yes			★★							
Western Highlands	4/18/07	Yes	4/18/07	Yes			★★							
Catawba														
Edgecombe-Nash														
Johnston														
New River														
Smoky Mountain														
Wilson-Greene														

Met the Best Practice Standard:

21 (91.3%)

0 (0%)

Met the SFY2007 Standard:

0 (0%)

0 (0%)

Total

21 (91.3%)

0 (0%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red. **Italicized** dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/16/06	Yes	1/23/07	Yes	5/3/07	Yes			
Albemarle	10/19/06	Yes	1/16/07	Yes	4/19/07	Yes			☆☆
Catawba	10/20/06	Yes	1/18/07	Yes	4/10/07	Yes			☆☆
CenterPoint	10/11/06	Yes	1/19/07	Yes	4/25/07	Yes			☆
Crossroads	10/17/06	Yes	1/1/07	Yes	4/20/07	Yes			☆☆
Cumberland	10/20/06	Yes	1/22/07	Yes	4/25/07	Yes			
Durham	10/20/06	Yes	1/20/07	Yes	4/20/07	Yes			☆☆
Eastpointe	10/9/06	Yes	1/19/07	Yes	4/11/07	Yes			☆☆
Edgecombe-Nash	10/20/06	Yes	1/16/07	Yes	4/19/07	Yes			☆☆
Five County	10/19/06	Yes	1/19/07	Yes	4/19/07	Yes			☆☆
Foothills	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes			☆☆
Guilford	10/9/06	Yes	1/13/07	Yes	4/30/07	Yes			☆
Johnston	10/17/06	Yes	1/23/07	Yes	4/23/07	Yes			
Mecklenburg	10/17/06	Yes	1/23/07	Yes	4/27/07	Yes			
Neuse	10/19/06	Yes	1/16/07	Yes	4/11/07	Yes			☆☆
New River	10/20/06	Yes	1/22/07	Yes	4/23/07	Yes			
Onslow-Carteret	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes			☆☆
Orange-Person-Chatham	10/31/06	Yes	1/29/07	Yes	4/16/07	Yes			
Pathways	10/9/06	Yes	1/22/07	Yes	4/19/07	Yes			☆
Pitt	10/11/06	Yes	1/25/07	Yes	5/2/07	Yes			
Roanoke-Chowan	10/20/06	Yes	1/18/07	Yes	4/5/07	Yes			☆☆
Sandhills Center	10/20/06	Yes	1/17/07	Yes	4/20/07	Yes			☆☆
Smoky Mountain	10/20/06	Yes	1/19/07	Yes	4/16/07	Yes			☆☆
Southeastern Center	10/10/06	Yes	1/18/07	Yes	4/9/07	Yes			☆☆
Southeastern Regional	10/18/06	Yes	1/18/07	Yes	4/20/07	Yes			☆☆
Tideland	10/20/06	Yes	1/16/07	Yes	4/19/07	Yes			☆☆
Wake	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes			☆☆
Western Highlands	10/11/06	Yes	1/18/07	Yes	4/11/07	Yes			☆☆
Wilson-Greene	10/20/06	Yes	1/16/07	Yes	4/4/07	Yes			☆☆

Number and Pct of LMEs that met the Best Practice Standard:

19 (65.5%)

Number and Pct of LMEs that met the SFY 2007 Standard:

3 (10.3%)

Total

22 (75.9%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Italicized dates with yellow shading are within 10 days after the due date.

2. The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.0. Consumer Information - Client Data Warehouse (CDW)
Screening Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2006 - December 31, 2006) with a cross-reference to the CNDS completed within 30 days of initial contact.

Best Practice Standard: 100% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

SFY 2007 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	1,071	42	1,029	96%	★
Albemarle	315	50	265	84%	
Catawba	987	3	984	100%	★★
CenterPoint	2,603	1	2,602	100%	★★
Crossroads	1,470	146	1,324	90%	★
Cumberland	1,327	0	1,327	100%	★★
Durham	854	0	854	100%	★★
Eastpointe	845	350	495	59%	
Edgecombe-Nash	141	7	134	95%	★
Five County	0		0	0%	
Foothills	762	16	746	98%	★
Guilford	1,492	3	1,489	100%	★★
Johnston	186	0	186	100%	★★
Mecklenburg	275	2	273	99%	★
Neuse	23	0	23	100%	★★
New River	73	2	71	97%	★
Onslow-Carteret	806	11	795	99%	★
Orange-Person-Chatham	0		0	0%	
Pathways	19	1	18	95%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	277	0	277	100%	★★
Sandhills Center	1,685	53	1,632	97%	★
Smoky Mountain	867	27	840	97%	★
Southeastern Center	1,756	17	1,739	99%	★
Southeastern Regional	1,048	7	1,041	99%	★
Tideland	0		0	0%	
Wake	0		0	0%	
Western Highlands	1,181	152	1,029	87%	
Wilson-Greene	320	1	319	100%	★★

Number and Pct of LMEs that met the Best Practice Standard:

9 (31%)

Number and Pct of LMEs that met the SFY 2007 Standard:

12 (41.4%)

Total

21 (72.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. Five (5) LMEs did not submit screening data as required, the numbers submitted by some of the other LMEs appeared to be low compared to the number of admissions during the quarter.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of April 30, 2007.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2007	Third Quarter Adm SFY2006	Monthly Average SFY2007	Monthly Average SFY2006
Alamance-Caswell-Rockingham	23051	194	187	129	510	572	170	191
Albemarle	43121	135	130	160	425	359	142	120
Catawba	13091	188	179	184	551	333	184	111
CenterPoint	23021	253	209	244	706	652	235	217
CrossRoads	23011	101	115	121	337	920	112	307
Cumberland	33051	232	213	193	638	1,068	213	356
Durham	23071	209	185	177	571	696	190	232
Eastpointe	43081	103	58	209	370	228	123	76
Edgecombe-Nash	43051	28	11	3	42	185	14	62
Five County	23081	88	51	30	169	0	56	0
Foothills	13051	134	97	81	312	357	104	119
Guilford	23041	232	235	246	713	766	238	255
Johnston	33071	136	119	131	386	425	129	142
Mecklenburg	13102	178	93	151	422	466	141	155
Neuse	43071	125	164	102	391	181	130	60
New River	13030	244	81	22	347	283	116	94
Onslow-Carteret	43021	214	212	228	654	300	218	100
Orange-Person-Chatham	23061	39	28	21	88	441	29	147
Pathways	13081	314	346	376	1,036	610	345	203
Pitt	43091	Pitt reported CDW data under Neuse						
Roanoke-Chowan	43101	100	71	38	209	209	70	70
Sandhills	33031	479	330	236	1,045	1,124	348	375
Smoky Mountain	13010	157	145	57	359	0	120	0
Southeastern Center	43011	301	349	370	1,020	624	340	208
Southeastern Regional	33041	114	126	113	353	658	118	219
Tideland	43111	47	20	2	69	345	23	115
Wake	33081	305	257	188	750	882	250	294
Western Highlands	13131	453	367	342	1,162	1,254	387	418
Wilson-Greene	43041	23	27	3	53	91	18	30
TOTAL ADMISSIONS		5,126	4,405	4,157	13,688	14,029	4,563	4,676

Data that are shaded are incomplete or appear to be inaccurate.

Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - Client Data Warehouse (CDW)
Diagnosis Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2006 - December 31, 2006) with a diagnosis completed within 30 days of beginning date of service.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

SFY 2007 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Claims	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	503	1	502	100%	★★
Albemarle	451	27	424	94%	★
Catawba	587	0	587	100%	★★
CenterPoint	711	0	711	100%	★★
Crossroads	283	32	251	89%	
Cumberland	659	35	624	95%	★
Durham	579	0	579	100%	★★
Eastpointe	200	4	196	98%	★
Edgecombe-Nash	62	1	61	98%	★
Five County	618	65	553	89%	
Foothills	396	7	389	98%	★
Guilford	732	10	722	99%	★
Johnston	348	1	347	100%	★★
Mecklenburg	380	22	358	94%	★
Neuse	382	13	369	97%	★
New River	229	13	216	94%	★
Onslow-Carteret	704	482	222	32%	
Orange-Person-Chatham	84	41	43	51%	
Pathways	748	180	568	76%	
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	291	0	291	100%	★★
Sandhills Center	1,187	8	1,179	99%	★
Smoky Mountain	421	383	38	9%	
Southeastern Center	812	71	741	91%	★
Southeastern Regional	363	0	363	100%	★★
Tideland	172	2	170	99%	★
Wake	853	48	805	94%	★
Western Highlands	1,034	2	1,032	100%	★★
Wilson-Greene	101	1	100	99%	★

Number and Pct of LMEs that met the Best Practice Standard:

8 (27.6%)

Number and Pct of LMEs that met the SFY 2007 Standard:

14 (48.3%)

Total

22 (75.9%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Third Quarter Report
January 1, 2007 - March 31, 2007

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2006 - December 31, 2006) where all mandatory data fields contain a value other than 'unknown'.

Best Practice Standard: 100% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2007 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Standard Met ²
Alamance-Caswell-Rockingham	100%	100%	100%	100%	100%	100%	100%	100%	★★
Albemarle	100%	99%	100%	100%	99%	100%	94%	100%	★
Catawba	100%	100%	100%	100%	100%	100%	98%	98%	★
CenterPoint	100%	100%	100%	100%	100%	100%	64%	100%	
Crossroads	100%	100%	100%	100%	100%	100%	96%	99%	★
Cumberland	100%	98%	100%	100%	100%	100%	100%	100%	★
Durham	100%	100%	100%	100%	100%	100%	100%	100%	★★
Eastpointe	100%	100%	100%	99%	100%	100%	95%	92%	★
Edgecombe-Nash	100%	100%	97%	100%	100%	100%	94%	100%	★
Five County	100%	99%	98%	100%	92%	100%	86%	91%	
Foothills	100%	100%	100%	100%	99%	100%	98%	99%	★
Guilford	100%	100%	99%	100%	100%	100%	95%	99%	★
Johnston	100%	100%	100%	100%	100%	100%	100%	99%	★
Mecklenburg	100%	100%	100%	100%	99%	100%	96%	100%	★
Neuse	100%	100%	100%	100%	100%	100%	97%	100%	★
New River	79%	100%	100%	99%	100%	100%	100%	99%	
Onslow-Carteret	99%	97%	88%	100%	90%	100%	12%	75%	
Orange-Person-Chatham	100%	96%	99%	100%	100%	100%	98%	100%	★
Pathways	100%	100%	100%	100%	100%	100%	61%	100%	
Pitt	Pitt reported CDW data under Neuse								
Roanoke-Chowan	100%	100%	100%	100%	100%	100%	100%	100%	★★
Sandhills Center	100%	100%	100%	100%	100%	100%	99%	100%	★
Smoky Mountain	99%	99%	95%	100%	95%	100%	86%	100%	
Southeastern Center	100%	100%	99%	100%	100%	100%	94%	97%	★
Southeastern Regional	100%	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	100%	100%	100%	100%	100%	100%	100%	100%	★★
Wake	100%	100%	100%	100%	100%	97%	100%	100%	★
Western Highlands	100%	100%	100%	100%	100%	100%	100%	100%	★★
Wilson-Greene	100%	100%	100%	100%	98%	100%	97%	100%	★

Number and Pct of LMEs that met the Best Practice Standard:

6 (20.7%)

Number and Pct of LMEs that met the SFY 2007 Standard:

16 (55.2%)

Total

22 (75.9%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2006 - December 31, 2006) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2007 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	1,142	29	1,113	97%	★
Albemarle	612	16	596	97%	★
Catawba	780	41	739	95%	★
CenterPoint	1,649	5	1,644	100%	★★
Crossroads	1,037	108	929	90%	★
Cumberland	1,114	2	1,112	100%	★★
Durham	1,179	6	1,173	99%	★
Eastpointe	551	64	487	88%	
Edgecombe-Nash	241	21	220	91%	★
Five County	720	77	643	89%	
Foothills	623	12	611	98%	★
Guilford	1,497	3	1,494	100%	★★
Johnston	667	3	664	100%	★★
Mecklenburg	543	154	389	72%	
Neuse	854	31	823	96%	★
New River	1,261	361	900	71%	
Onslow-Carteret	553	109	444	80%	
Orange-Person-Chatham	657	144	513	78%	
Pathways	1,452	73	1,379	95%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	328	3	325	99%	★
Sandhills Center	2,130	58	2,072	97%	★
Smoky Mountain	127	9	118	93%	★
Southeastern Center	1,110	165	945	85%	
Southeastern Regional	1,000	17	983	98%	★
Tideland	325	17	308	95%	★
Wake	2,581	179	2,402	93%	★
Western Highlands	1,963	9	1,954	100%	★★
Wilson-Greene	336	27	309	92%	★

Number and Pct of LMEs that met the Best Practice Standard:

5 (17.2%)

Number and Pct of LMEs that met the SFY 2007 Standard:

16 (55.2%)

Total

21 (72.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. Only includes IPRS claims.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, and CSMAJ.

The table below shows the percentage of open clients in the designated target populations (October 1, 2006 - December 31, 2006) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 100% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2007 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	140	3	137	98%	★
Albemarle	89	12	77	87%	
Catawba	167	0	167	100%	★★
CenterPoint	467	1	466	100%	★★
Crossroads	46	0	46	100%	★★
Cumberland	287	3	284	99%	★
Durham	216	0	216	100%	★★
Eastpointe	64	12	52	81%	
Edgecombe-Nash	9	0	9	100%	★★
Five County	58	22	36	62%	
Foothills	92	0	92	100%	★★
Guilford	339	4	335	99%	★
Johnston	53	0	53	100%	★★
Mecklenburg	69	24	45	65%	
Neuse	417	30	387	93%	★
New River	83	7	76	92%	★
Onslow-Carteret	130	56	74	57%	
Orange-Person-Chatham	78	8	70	90%	★
Pathways	201	132	69	34%	
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	21	0	21	100%	★★
Sandhills Center	435	16	419	96%	★
Smoky Mountain	15	3	12	80%	
Southeastern Center	297	47	250	84%	
Southeastern Regional	164	0	164	100%	★★
Tideland	14	1	13	93%	★
Wake	604	24	580	96%	★
Western Highlands	425	4	421	99%	★
Wilson-Greene	26	1	25	96%	★

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard:
Total

9 (31%)

11 (37.9%)

20 (69%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. Only includes IPRS claims.

Information Management, Analysis, and Reporting.
1.8.2.6. Consumer Information - Client Data Warehouse (CDW)
Episode Completion (Discharge) Record - All Target Populations Except AMSRE

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers, except for members of the AMSRE target population, who have had no billable service or other administrative activity for at least 60 days.

The table below shows the percentage of clients admitted since October 1, 2006, when this measure began, who during the prior quarter (October 1, 2006 - December 31, 2006) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Best Practice Standard: 100% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2007 Standard: 90% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> a Billable Service or Administrative Activity for at least 60 Days, that <u>Have Not Submitted</u> an Episode Completion Record	Number <u>with</u> a Billable Service, Administrative Activity, or if Neither Occurred for at least 60 Days, <u>Submitted</u> an Episode Completion Record	Percent <u>with</u> a Billable Service, Administrative Activity, or if Neither Occurred for at least 60 Days, <u>Submitted</u> an Episode Completion Record	Standard Met ²
Alamance-Caswell-Rockingham	493	1	492	100%	★★
Albemarle	392	11	381	97%	★
Catawba	486	1	485	100%	★★
CenterPoint	518	0	518	100%	★★
Crossroads	249	19	230	92%	★
Cumberland	474	22	452	95%	★
Durham	476	0	476	100%	★★
Eastpointe	197	2	195	99%	★
Edgecombe-Nash	59	1	58	98%	★
Five County	280	139	141	50%	
Foothills	386	6	380	98%	★
Guilford	710	12	698	98%	★
Johnston	310	1	309	100%	★★
Mecklenburg	380	16	364	96%	★
Neuse	382	10	372	97%	★
New River	203	18	185	91%	★
Onslow-Carteret	704	445	259	37%	
Orange-Person-Chatham	82	48	34	41%	
Pathways	696	177	519	75%	
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	291	0	291	100%	★★
Sandhills Center	1,112	4	1,108	100%	★★
Smoky Mountain	136	74	62	46%	
Southeastern Center	682	76	606	89%	
Southeastern Regional	351	0	351	100%	★★
Tideland	170	1	169	99%	★
Wake	850	144	706	83%	
Western Highlands	935	3	932	100%	★★
Wilson-Greene	96	0	96	100%	★★

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard:

Total

10 (34.5%)

11 (37.9%)

21 (72.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2007 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	126	55	43.7%			
Albemarle	157	147	93.6%			★
Catawba	196	128	65.3%			
CenterPoint	331	38	11.5%			
Crossroads	236	87	36.9%			
Cumberland	218	188	86.2%			
Durham	132	90	68.2%			
Eastpointe	78	18	23.1%			
Edgecombe-Nash	33	8	24.2%			
Five County	47	42	89.4%			
Foothills	91	38	41.8%			
Guilford	229	101	44.1%			
Johnston	142	138	97.2%			★
Mecklenburg	Due to insufficient claims submitted, the expected number of initial assessments could not be calculated.					
Neuse	440	73	16.6%			
New River	82	17	20.7%			
Onslow-Carteret	39	23	59.0%			
Orange-Person-Chatham	13	3	23.1%			
Pathways	211	47	22.3%			
Pitt	Pitt reported IPRS data under Neuse					
Roanoke-Chowan	11	5	45.5%			
Sandhills Center	339	139	41.0%			
Smoky Mountain	Due to insufficient claims submitted, the expected number of initial assessments could not be calculated.					
Southeastern Center	195	95	48.7%			
Southeastern Regional	69	59	85.5%			
Tideland	31	5	16.1%			
Wake	192	64	33.3%			
Western Highlands	236	101	42.8%			
Wilson-Greene	27	16	59.3%			
Totals	3,907	1,726	44.2%			

The timeliness criterion was not used to determine if the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

2 (7.1%)

Total

2 (7.1%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

Information Management, Analysis, and Reporting.
1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected update forms are received and are timely.

SFY 2007 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	369	199	53.9%	119	32.2%	
Albemarle	350	310	88.6%	230	65.7%	
Catawba	278	237	85.3%	122	43.9%	
CenterPoint	643	453	70.5%	219	34.1%	
Crossroads	394	208	52.8%	90	22.8%	
Cumberland	672	472	70.2%	190	28.3%	
Durham	859	608	70.8%	295	34.3%	
Eastpointe	260	207	79.6%	122	46.9%	
Edgecombe-Nash	84	53	63.1%	27	32.1%	
Five County	521	414	79.5%	222	42.6%	
Foothills	490	395	80.6%	259	52.9%	
Guilford	511	430	84.1%	245	47.9%	
Johnston	280	265	94.6%	124	44.3%	
Mecklenburg	1,016	944	92.9%	755	74.3%	
Neuse	321	291	90.7%	181	56.4%	
New River	158	119	75.3%	67	42.4%	
Onslow-Carteret	281	93	33.1%	33	11.7%	
Orange-Person-Chatham	203	190	93.6%	120	59.1%	
Pathways	705	500	70.9%	247	35.0%	
Pitt	282	66	23.4%	20	7.1%	
Roanoke-Chowan	309	154	49.8%	98	31.7%	
Sandhills Center	896	716	79.9%	413	46.1%	
Smoky Mountain	179	116	64.8%	71	39.7%	
Southeastern Center	499	497	99.6%	399	80.0%	
Southeastern Regional	602	454	75.4%	247	41.0%	
Tideland	185	119	64.3%	70	37.8%	
Wake	754	337	44.7%	137	18.2%	
Western Highlands	879	605	68.8%	158	18.0%	
Wilson-Greene	200	95	47.5%	40	20.0%	
Totals	13,180	9,547	72.4%	5,320	40.4%	

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard:

Total

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.11. Consumer Information - National Core Indicators (NCI) Consents And Pre-Surveys

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. All submissions are accurate and complete.

Best Practice Standard: 100% of the pre-surveys and consents are complete and are received by the due date.
SFY 2007 Standard: 100% of the pre-surveys and consents are complete and are received within 10 days after the due date.

Local Management Entity	Timeliness of Submission	Completeness (# Received/# Expected)			Standard Met ²
		# Received	# Expected	% Complete ¹	
Alamance-Caswell-Rockingham	On-Time	25	25	100.0%	★★
Albemarle	On-Time	11	11	100.0%	★★
Catawba	On-Time	10	10	100.0%	★★
CenterPoint	> 10 Days Late	25	38	65.8%	
Crossroads	On-Time	16	15	106.7%	★★
Cumberland	On-Time	20	20	100.0%	★★
Durham	On-Time	26	26	100.0%	★★
Eastpointe	On-Time	26	26	100.0%	★★
Edgecombe-Nash	> 10 Days Late	12	12	100.0%	
Five County	On-Time	35	35	100.0%	★★
Foothills	On-Time	19	19	100.0%	★★
Guilford	On-Time	30	43	69.8%	
Johnston	On-Time	15	15	100.0%	★★
Mecklenburg	Within 10 Days After Due Date	31	60	51.7%	
Neuse	On-Time	19	18	105.6%	★★
New River	On-Time	15	15	100.0%	★★
Onslow-Carteret	On-Time	15	14	107.1%	★★
Orange-Person-Chatham	On-Time	24	27	88.9%	
Pathways	> 10 Days Late	40	43	93.0%	
Pitt	On-Time	9	9	100.0%	★★
Roanoke-Chowan	On-Time	9	9	100.0%	★★
Sandhills Center	Within 10 Days After Due Date	42	38	110.5%	★
Smoky Mountain	On-Time	20	21	95.2%	
Southeastern Center	On-Time	22	20	110.0%	★★
Southeastern Regional	> 10 Days Late	19	22	86.4%	
Tideland	On-Time	14	11	127.3%	★★
Wake	On-Time	43	41	104.9%	★★
Western Highlands	> 10 Days Late	23	31	74.2%	
Wilson-Greene	On-Time	15	15	100.0%	★★
Totals		630	689	91.4%	

Number and Pct of LMEs that met the Best Practice Standard:

19 (65.5%)

Number and Pct of LMEs that met the SFY 2007 Standard:

1 (3.4%)

Total

20 (69%)

Notes:

1. Percentages less than 100% are shaded red

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

Best Practice Standard: 95% of current assessments are no more than 15 months old.

SFY 2007 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Assessments Submitted			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	646	644	99.7%	★★
Albemarle	345	318	92.2%	★
Catawba	371	368	99.2%	★★
CenterPoint	1,123	1,120	99.7%	★★
Crossroads	581	554	95.4%	★★
Cumberland	613	613	100.0%	★★
Durham	625	532	85.1%	
Eastpointe	970	809	83.4%	
Edgecombe-Nash	348	347	99.7%	★★
Five County	662	660	99.7%	★★
Foothills	520	513	98.7%	★★
Guilford	1,388	1,187	85.5%	
Johnston	345	343	99.4%	★★
Mecklenburg	1,902	1,801	94.7%	★
Neuse	462	461	99.8%	★★
New River	514	472	91.8%	★
Onslow-Carteret	655	346	52.8%	
Orange-Person-Chatham	835	776	92.9%	★
Pathways	1,501	1,460	97.3%	★★
Pitt	496	495	99.8%	★★
Roanoke-Chowan	324	290	89.5%	
Sandhills Center	1,034	1,000	96.7%	★★
Smoky Mountain	489	312	63.8%	
Southeastern Center	890	867	97.4%	★★
Southeastern Regional	859	741	86.3%	
Tideland	562	256	45.6%	
Wake	2,158	1,625	75.3%	
Western Highlands	1,525	1,460	95.7%	★★
Wilson-Greene	313	313	100.0%	★★
Totals	23,056	20,683	89.7%	

Number and Pct of LMEs that met the Best Practice Standard:

16 (55.2%)

Number and Pct of LMEs that met the SFY 2007 Standard:

4 (13.8%)

Total

20 (69%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.14. Consumer Information - Consumer Satisfaction Survey (CSS)

Performance Requirement: The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

Best Practice Standard: 100% of expected surveys are completed as required and received by the due date.

SFY 2007 Standard: 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

Local Management Entity	Timeliness of Submission	Completeness			Standard Met ²
		# Of Expected Surveys	# Completed As Required	% Completed As Required ¹	
Alamance-Caswell-Rockingham	On-Time	500	500	100.0%	★★
Albemarle	On-Time	132	157	118.9%	★★
Catawba	On-Time	172	226	131.4%	★★
CenterPoint	On-Time	500	547	109.4%	★★
Crossroads	On-Time	444	445	100.2%	★★
Cumberland	On-Time	255	301	118.0%	★★
Durham	On-Time	216	517	239.4%	★★
Eastpointe	On-Time	373	373	100.0%	★★
Edgecombe-Nash	On-Time	112	143	127.7%	★★
Five County	On-Time	389	441	113.4%	★★
Foothills	On-Time	229	242	105.7%	★★
Guilford	On-Time	429	682	159.0%	★★
Johnston	On-Time	133	213	160.2%	★★
Mecklenburg	On-Time	500	545	109.0%	★★
Neuse	On-Time	451	600	133.0%	★★
New River	On-Time	231	513	222.1%	★★
Onslow-Carteret	On-Time	359	365	101.7%	★★
Orange-Person-Chatham	On-Time	240	309	128.8%	★★
Pathways	On-Time	433	437	100.9%	★★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	On-Time	157	167	106.4%	★★
Sandhills Center	On-Time	500	616	123.2%	★★
Smoky Mountain	> 10 Days After the Due Date	455	196	43.1%	
Southeastern Center	On-Time	284	323	113.7%	★★
Southeastern Regional	On-Time	500	505	101.0%	★★
Tideland	Within 10 Days After the Due Date	312	245	78.5%	
Wake	On-Time	500	521	104.2%	★★
Western Highlands	> 10 Days After the Due Date	500	340	68.0%	
Wilson-Greene	On-Time	131	137	104.6%	★★
Totals		9,437	10,606	112.4%	

Number and Pct of LMEs that met the Best Practice Standard:

25 (86.2%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

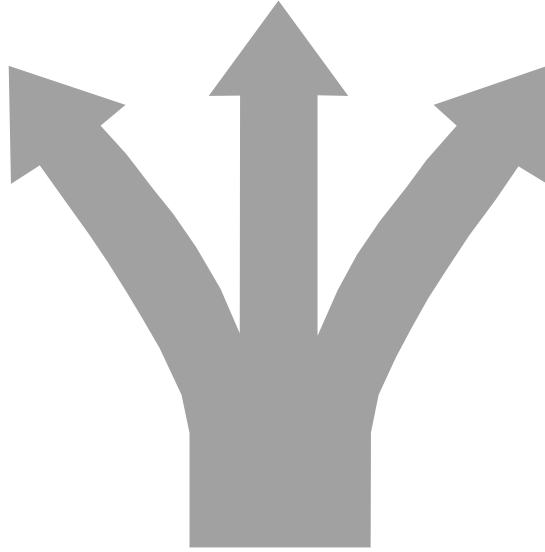
Total

25 (86.2%)

Notes:

1. Percentages less than 85% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



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